## Division of Health Care Finance and Policy Health Safety Net Claim Update CLM / SBR Segments December 4, 2009

On October 5, 2009, the Division informed 837I & 837P filers that it was considering an adjustment to the HSN 837I Claim Specifications where every CLM must have its own Destination Payer SBR segment. This adjustment would be required to ensure program integrity and the proper adjudication of claims eligibility. While the current 837I specification allows for multiple CLM's under one SBR, this can result in inappropriate payments or denial of claims based on eligibility.

Basic logic is that every CLM segment must be looped to its own Subscriber Hierarchical Level (HL03 = 22) to insure correct eligibility data alignment of the Recipient, MMIS, or Dummy ID in Loop 2000B NM109 to the claim.

The CLM / SBR adjustment has been moved to the Division's TEST environment. This will enable providers to submit TEST claims and monitor results relative to their CLM / SBR coding. The edit for multiple CLMs to the SBR is **Edit ID 737**: **Multiple CLM segments assigned to single Subscriber Hierarchical Level**. All claims that fall under the one Subscriber HL will fail for this Edit ID. Providers are encouraged to submit their production files into the HSN Test System first to verify adherence to this requirement and then submit the same file into the HSN Production System.

Beginning December 21, 2009, the CLM / SBR adjustment will be moved to the Division's PRODUCTION environment where claims will fail if every CLM does not have its own Destination Payer Subscriber Hierarchical Level. As with other claim failures, providers should refer to the validation report which is posted on INET.

The 835 will be coded with a Claim Adjustment Reason Code of **CO\*16** and a Remit Advice Remark Code of **N375** (Missing/incomplete/invalid questionnaire/information required to determine dependent eligibility).

Questions and/or concerns regarding this notice should be forwarded to the Division's Claims Customer Support Center at (866) 697-6080 or <a href="https://doi.org/10.2016/journal.com">HSNHelpLine@PublicSectorPartners.com</a>.